

APPLICATION FOR DISCOUNTED UTILITY RATE

(for <u>homeowners</u> who are age 65+ or on Social Security disability)

Utility Account No:	(from your utility bill)
Customer Name:	
Street Address:	
City: Crystal State: Minnesota	
Phone Number: ()	
I declare that (check all that apply):	
☐ I am the legal owner of the prope	erty located at the address above.
☐ I am at least 65 years of age. (m	ust provide proof of age)
☐ I am Social Security disabled. (m	nust show Soc. Sec. Admin. award letter)
changes. understand that only one discount pe	en my status as homeowner of the property er property address will be granted.
Customer's Signature	
Date	
For office use only	
Viewed: ☐ Drivers license ☐ Soc. Sec. aw	ard letter DOB
Verified by:Name	Date
UB system updated by:Name	 Date